



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
SECTION OF SPECIAL EDUCATION PROGRAM DEVELOPMENT
**DETERMINATION OF NEED FOR EDUCATIONAL
SURROGATE APPOINTMENT**

DESE USE ONLY	
Approved	_____
Disapproved	_____
Comments	_____

NOTE: TO BE COMPLETED BY LOCAL EDUCATION AGENCY (Complete all items)

STUDENT INFORMATION Name _____ Social Security Number _____ Date of Birth _____ Residential Facility _____ Contact Person/Title _____ Street _____ City _____ State _____ Zip _____ Phone Number _____	REFERRING DISTRICT District Name _____ Contact Person _____ Title _____ Phone Number _____
SCHOOL ATTENDING Name of District _____ Street _____ City _____ State _____ Zip _____ Phone Number _____	CASEMANAGER INFORMATION Name _____ Agency Name _____ Street _____ City _____ State _____ Zip _____ Phone Number _____

Please ✓ as appropriate.

- The student's educational status:
____ the student has been referred for a special education evaluation.
____ the student receives special education and related services.
- The district has determined, after reasonable efforts, that:
____ parent(s) cannot be identified.
____ whereabouts of parent(s) are unknown.
____ Other: _____
- The student is in custody of:
____ DFS
____ DYS
____ Family Court
____ DMH
- Court papers/documentation appointing guardianship are:
____ maintained by the district in the student's file.
____ not maintained by the district but have been reviewed by district personnel.
- The student resides with
____ Parent/guardian
____ Foster parent
____ Other: _____

If assignment of specific
Educational Surrogate is preferred,
indicate name of surrogate below:

This information submitted herein is true and complete to the best of my knowledge.
Submitted this _____ day of _____, 20_____.

Signature

Date

RETURN TO

Keep a copy for your records

**Dana Desmond, Educational Surrogate Program
Department of Elementary and Secondary Education
Special Education Compliance
P.O. Box 480, Jefferson City, MO 65102
Phone #: 573-751-0186 Fax #: 573-526-5946**

The Missouri Department of Elementary and Secondary Education does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities.
Inquiries related to department programs may be directed to the Jefferson State Office Building, Title IX Coordinator, 5th Floor, 205 Jefferson Street, Jefferson City, Missouri 65102-0480;
Telephone number 573-751-4581.